

Title:	Confidentiality	Date Issued: September 1, 2004
		Revision Date: December 1, 2018
Approved By:	Board of Directors	Review Date: December 1, 2021

Confidentiality – General:

The Marathon Family Health Team believes that it is important for patients to be comfortable in the knowledge that their health records and personal information are kept confidential. This type of comfort is created when staff and physicians restrict conversations about patients and clinic operations to appropriate times and places such that, they cannot be overheard by the public.

The Marathon Family Health Team maintains a climate of confidentiality that clinic staff and physicians are expected to create and foster. To create the climate of confidentiality, it is essential that patient information of a written or verbal nature is handled in a manner that does not allow anyone other than the patient, staff and physicians involved to be aware of the information.

Guidelines of Confidentiality

- Utilize private spaces to conduct discussions relating to patients and the clinic.
- Ensure that all information pertaining to patient visits is confidential and is not discussed unnecessarily inside the clinic and not at all outside of the clinic. This relates to patients visiting the clinic for regular physician or allied health provider appointments, specialist referrals or other appointments that have been arranged by MFHT staff.
- Ensure that all interactions with patients at the clinic are conducted in a manner that is professional and protects the confidentiality of the individual patient. For example:
 - a) All patient care interactions for examination purposes are conducted in an exam room with a closed door.
 - b) All inquiries of a general nature regarding patients at the clinic (i.e. is the patient still there; what time is the patient appointment?) is handled by offering to pass information along to the patient when they are being seen.
 - c) All inquiries by people, other than non-minors and the patient themselves, regarding a patient's appointment time and information is not able to be passed along to the person making the enquiry unless you have a signed consent form indicating that you may do so.
 - d) Hard of hearing patients may be escorted to an exam room if they need extra time for their questions at Front reception. This type of patient can be dealt with on the phone by moving to a more private phone or returning their phone call at a

Confidentiality – General (Cont'd):



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- e) less busy time of day. Staff members will need to support each other by covering for one another in this type of situation.
 - f) Using patient's names on the phone should be avoided to protect confidentiality. Asking the patient to spell their name is useful to ensure that the appointment is given to the correct patient.
 - g) Sensitive questions regarding minors should be referred to the minor's physician.
 - h) General medical questions relating to minors can be handled by the Registered Nurse (EC) or Registered Nurse.
- Ensure that all information released from the Marathon Family Health Team is done only if there is a signed release form from the patient that can be kept in the chart.

Confidentiality – Patient Information:

The Marathon Family Health Team recognizes the individual's right of privacy in relation to his/her visit or treatment. In addition, while an individual does not have the property right to his/her medical record, he/she must have the right to protection of all information contained therein.

All information related to an identified individual must be treated as confidential. This information may be written, verbal or in another format.

Confidentiality extends to everything people working in our setting learn in the execution of their duties. It extends to both important and seemingly unimportant information, the nature of the patient's illness, its treatment, its course and everything the patient, family and friends disclose with a view to giving a better understanding of his/her ailment; everything the physician or allied health professional learns from his/her examination of the patient; the reactions of the patient; his/her conduct while treated; everything he/she discloses in delirium; his/her financial state; the conditions of his/her income; domestic difficulties, etc.

The primary purpose of the Health Record is to document the course of an individual's healthcare and to provide a medium of communication amongst those delivering healthcare. Unless both patient or his/her legally authorized representative and practitioner can be assured that the Health Records will remain confidential, they may withhold information, thereby diminishing the value of the record and the quality of care and treatment.

Aside from the sharing of essential information for the continuity of care by those people caring for the patient, there are five other ways in which information may be released:

1. Upon receipt of a subpoena or summons.
2. Upon original written authorization of the patient or his/her legally appointed representative.
3. To an Inspector or Officer of the Minister of Health.
4. To a coroner, physician or policy officer authorized by a coroner (Coroner's Act).
5. As further defined by the Mental Health Act.



Any misuse of health information will be considered a breach of confidentiality and shall be reported to the Family Health Team Director. Disciplinary action will be taken and may constitute grounds for dismissal.

To emphasize the serious responsibility carried by employees or independent contractors to safeguard patient information, all allied health providers and staff, volunteers and students, are required to sign a pledge of confidentiality as follows:

Date Issued: September 1, 2004
Revised: September 1, 2018 by J. Berube, MFHT
December 1, 2018 by M. Bouchard, MFP



Confidentiality Agreement:

I acknowledge that I have read and understood the **Marathon Family Health Team's** policies and procedures on privacy, confidentiality and security (copy of full policy attached).

I understand that:

- all personal and/or health information (verbal, written and electronic) that I have access to or learn through my employment or affiliation with **Marathon Family Health Team** is confidential,
- as a condition of my employment or affiliation with **Marathon Family Health Team**, I must comply with the policies and procedures outlined on this page, and
- my failure to comply may result in the termination of my employment or affiliation with **Marathon Family Health Team** and may also result in legal action being taken against me by **Marathon Family Health Team** and others.

I agree that I will not access, use or disclose any confidential personal and/or health information that I learn of or possess because of my affiliation with **Marathon Family Health Team**, unless it is necessary for me to do so in order to perform my job responsibilities. I also understand that under no circumstances may confidential and/or personal health information be communicated either within or outside of **Marathon Family Health Team**, except to other persons who are authorized by **Marathon Family Health Team** to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with the policies and procedures. I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the **Marathon Family Health Team's Executive Director**. I understand the Executive Director or their delegate can and may review and audit my actions in the electronic medical records. I understand that this confidentiality agreement extends beyond any association with **Marathon Family Health Team**.

Print Name

Witness

Signature